FOR INCTRUCTIONS OF TAKES OF THE LIPE	HICS AND
FOR INSTRUCTIONS, SEE BACK OF FORMIGN	STATEMENT STATEMENT
This is an initial* Statement of Organization This is an amended* Statement of Organization 2008 JUL	6 PM Reset Form (Rev. 04/2008) ORGANIZATION
"An Initial Statement of Organization must be filed within 10 days of the com	mittee's accepting contributions
making expenditures, or incurring indebtedness exceeding \$750 Amendme	nts must be filed within 30 days of
a change. Penalties may be imposed for late-filed Statements of Organization	on A candidate with an open
committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office sou	days either a new or amended
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	
COMMITTEE TO ELECT STEV	E Lukan
IMPORTANT: Indicate type of committee you are reporting for:	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (5) County Candidate (6) City Candidate (7) School Board or Other P	Statewide PAC (3) State Party (4) County Central Committee
(10)School Board or Other Political Subdivision PAC (11) Local Ballo	official Subdivision Candidate (8) County PAC (9) City PAC (19) City PAC
COMMITTEE TREASURER (mandatory for all committees) Name	COMMITTEE CHAIR (mandatory except for a candidate's committee)
OARLENE WILSON	Name + STEVEN F. LUKAW
Mailing Address ↓ ↓	Mailing Address
Z9 ORCHARD LANE CT	1488 SMITH
Marchester, 704 52057	City, State 1 Zip Code 1 TA S Zolos
•	
Phone () 563-937-310A14	Phone () 563-590-5213
e-Mail electstere egmail.com	e-Mail clectstere e gmail, com
	cate for/against candidate(s) Advocate for ballot issue(s)
Comment or description:	Advocate against ballot issue(s)
All Candidates Enter:	County/Local Candidates and Local Ballot Committees Enter:
Office Sought: STATE DEPRESENTATIVE	County:
Political Party (if applicable) REPUBLICAN	(If active in multiple ballot issue elections, attach list of counties
District: 3 3	
Year Standing for Election: Zex 8	Date of Election:
Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable),
↓ ↓	↓ ↓ <u>Affiliate, or Sponsor</u>
committee to Elect Stove Lukean	CTEVEN ELUICAN
Name of Financial Institution/type of Account	STEVEN F. Lukan
	1888 Smith
New Vienna Southas & Roself - Challens	
New V. enry Savings Bouth - challing	
Mailing Address +	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
	City + State + Zip + New Viewa, IA 52065
New J. enny Sawings Bruke - challing Mailing Address City State Zip	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
	City +
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	City + State + Zip + The State + Zip
City + State + Zip + + New i, enny, It 52cio5	City + State + Zip + New Viewa, IA 520165 Phone () 563-590-5213 e-Mail elect sture e gwai L. Com
City State Zip Land State State State State State State State State State State State State State State State State State State State State State State State State State State	City State Zip New Viewna, IA 52065 Phone () 563-590-5213 e-Mail elect stare e gwai Li Com ms the following:
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City State Zip STATEMENT OF AFFIRMATION: By filing this document the committee affirm 1. The committee and all persons connected with the committee understand that is rules in Chapter 351 of the lowa Administrative Code. 2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure.	Phone () 563-590-5213 e-Mail Clect Stuce & g.Wai L. Com ms the following: they are subject to the laws in lowa Code chapters 68A and 68B and the administrative surge reports and that the failure to file these reports on or before the required due dates.
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Date Signed